

NAME: _____ FFID#: _____

HEALTH AND SAFETY OFFICER – NFPA Standard 1521 Compliance

All objectives of NFPA Standard 1521, Chapter 5, Health and Safety Officer, 2008 edition, must be addressed by an approved training methodology and duty assignment prior to acceptance into the certification testing process.

Practical Skills Evaluation Sheets

Each candidate for Health and Safety Officer Certification must be provided with, exposed to, and evaluated on all Health and Safety Officer Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Health and Safety Officer Skills Evaluation Sheets.

I hereby acknowledge receipt of the Health and Safety Officer Practical Skills Evaluation Sheets

Candidate Initials:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Compliance Method 1 - Successful completion of the Connecticut Fire Academy Health and Safety Officer training program |
| <input type="checkbox"/> | Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Health and Safety Officer accredited certification |
| <input type="checkbox"/> | Compliance Method 3 - Examination Challenge – Director of Certification Approval Required |

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1521, 2008 edition, *Fire Department Safety Officer*, Health and Safety Officer. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies*, Section 7-323I. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date